

7.1.01 Citizenship/Alienage Status

A. General

Medi-Cal applicants/beneficiaries are potentially eligible for either full-scope, limited-scope or restricted-scope benefits. The level of benefits to which an applicant is entitled is determined by his/her citizenship or alien status and whether the verification requirements of the citizenship/alienage status are met.

MPG Article 7 Section 2, 3, and 4 identify persons who are entitled to full-scope benefits and those who are entitled to only restricted or limited scope benefits.

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B. Full-Scope Benefits

Full-scope benefits include all medical services covered by the Medi-Cal Program.

To be eligible for full-scope benefits, an applicant or beneficiary must be:

- A citizen of the United States, provided that the citizenship and identity verification requirements are met; OR
 - An alien who has been lawfully admitted into the United States (U.S.) on a permanent basis or for an indefinite period; OR
 - An alien who is permanently residing in the U.S. under color of law (PRUCOL); OR
 - An IRCA (Immigration Reform and Control Act) alien, who is under 18, over 64 years of age, blind or disabled.
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C. Restricted Scope Benefits

Restricted-scope benefits cover only emergency medical conditions and pregnancy-related services. An emergency medical condition is one, which if not treated, would be expected to seriously endanger a person's health or impair use of limbs, organs or bodily functions. Pregnancy-related services include prenatal treatment, labor and delivery, and postpartum care. To be eligible for restricted benefits, applicants are not required to have an emergency medical condition or be pregnant, unless pregnancy is the only linkage to Medi-Cal.

Applicants or beneficiaries that fall within the Omnibus Budget Reconciliation Act of 1986 (OBRA '86) category AND IRCA aliens between the age of 18 and 64 who are not blind or disabled may be granted restricted benefits, if otherwise eligible.

D. Limited Scope Benefits

The level of benefits for an individual who claims to be a U.S. citizen/national and who fails to meet the citizenship and identity verification requirements shall be referred to as "limited scope benefits." This allows for distinction to be made between individuals

who are entitled to restricted scope and those who would otherwise be eligible to full-scope benefits if the citizenship and identity verification requirements were met.

Limited-scope benefits cover only emergency medical conditions, pregnancy-related services, and long-term care services. Limited-scope benefits are only available to otherwise eligible U.S. citizens or nationals who, for whatever reason, indicate that they will not present the required evidence of citizenship or identity or who stop making good faith effort to obtain it.
